



STATE OF HAWAII  
DEPARTMENT OF EDUCATION  
P.O. BOX 2360  
HONOLULU, HAWAII 96804

# EXCEPTIONS TO COMPULSORY EDUCATION

STUDENT \_\_\_\_\_ Student I.D. No. \_\_\_\_\_ Birth Date \_\_\_\_\_  
Last First Middle

Telephone Number \_\_\_\_\_ Address \_\_\_\_\_  
Street City Zip

School \_\_\_\_\_ District \_\_\_\_\_ Grade \_\_\_\_\_

A. I hereby request that the above named child be withdrawn from school for the \_\_\_\_\_ school year for the reason checked below in accordance with HRS §302A-1132 (see back of form):

Father \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(print or type name)

Mother \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(print or type name)

Other \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(print or type name)

\_\_\_ 1. Physical or mental reason(s). (Attach certificate of duly licensed physician)

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_ Approval recommended  
 \_\_\_ Approval not recommended

Complex Area Superintendent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_ Approval granted  
 \_\_\_ Approval not granted

\_\_\_ 2. Suitable employment after age 15. (Attach verification of minor's employment status)

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_ Approval recommended  
 \_\_\_ Approval not recommended

Complex Area Superintendent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_ Approval granted  
 \_\_\_ Approval not granted

\_\_\_ 3. Family Court Judge's approval \_\_\_\_\_ (Attach verification)  
Judge's Signature Date

\_\_\_ 4. Alternative educational program other than home schooling. (Attach professional staff qualifications and child's instructional program)

Program Name and Address \_\_\_\_\_ Phone \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_ Approval recommended  
 \_\_\_ Approval not recommended

Complex Area Superintendent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_ Approval recommended  
 \_\_\_ Approval not recommended

B. I hereby inform you that the above named child will be home schooled from \_\_\_\_\_ Date \_\_\_\_\_

Date received by school: \_\_\_\_\_

Acknowledged: \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Complex Area Superintendent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**DISTRIBUTION:** WHITE (original) - Parents; CANARY - Complex Area Superintendent; PINK - School

(Form 4140 may be found on website <http://doe.k12.hi.us/myschool/homeschool/>)